

ELECTRICAL PERMIT APPLICATION







TOWN OF WINFIELD ELECTRICAL PERMIT APPLICATION

| SECTION 1: PROP | ERTY OWNER INFORMATION | | | | | | |
|--|---|--------------------|-------------|--|--|--|--|
| ADDRESS: | | Winfield, IN 46307 | LOT # | | | | |
| SUBDIVISION NAM | 1E: | | _ZONING: | | | | |
| OWNER NAME: | | | | | | | |
| OWNER ADDRESS: | | | | | | | |
| OWNER PHONE #: | | | | | | | |
| PARCEL DESCRIPTION: | | | | | | | |
| SECTION 2: PROPOSED ELECTRICAL JOB | | | | | | | |
| COST \$ | | COMMERCIAL OR | RESIDENTIAL | | | | |
| Permanent Pole _ | Electric Water Heater Re-Activation of Service Upgrade Service from | Re-Wire | Sub Panels | | | | |
| Generator Model:(diesel/natural gas/etc.) Other: | | | | | | | |
| WIRE | | PHASE PER | | | | | |
| DESCRIPTION OF PROPOSED WORK: | | | | | | | |
| SECTION 3: REGISTERED CONTRACTOR(S) | | | | | | | |
| TOWN REG # | TRADE | COMPANY | PHONE # | | | | |
| 10 WIN ILLU # | ELECTRICIAN | CONTAIN | I HONE # | | | | |
| | OTHER | | | | | | |
| | OTHER | | | | | | |



SECTION 4: AFFIDAVIT – IDENTIFICATION – COMPLETED BY OWNER OF PROPERTY

I/We, the property owner, verify that all information contained herein is true and correct. NAME (print) (signature, in front of Notary's presence) Home Phone E-Mail Other Contact Information, if necessary JOB ADDRESS: Winfield IN 46307 Street Town State/Zip Code MAILING ADDRESS: Street Town State/Zip Code (IF DIFFERENT) STATE OF INDIANA) SS: SEAL: COUNTY OF LAKE SEAL: NOTARY SIGNATURE:_____ RESIDENT OF COUNTY OF: STATE OF

My Commission Expires:



| Section | n 5: Sub-Contrac | tor Affidavit (Electrician | n) | | | | | | |
|---|--|----------------------------|--------------------------------|-------|---------------|--|--|--|--|
| | | | D |)ate: | | | | | |
| Section 1: Identification | | | Winfield Reg. # | | | | | | |
| Project Address: | | Winfield IN 46307Lot # | | | | | | | |
| Genera | al Contractors Bu (if a GC is on th | siness Name: e job) | | | | | | | |
| Sub-Co | • | s Name: | | | | | | | |
| Contra | ctors Business A | ddress: | Tı | own | State/Zip | | | | |
| | | | | | | | | | |
| Section | n 2: Affidavit | | | | | | | | |
| The un | dersigned Sub-C | ontractor verifies: | | | | | | | |
| 1. | . The Sub-Contractor is a registered contractor in the Town of Winfield and the information in this document is true. | | | | | | | | |
| 2. | The Sub-Contractor is performing the work personally and/or through their employees. | | | | | | | | |
| 3. | 3. The Sub-Contractor hereby agrees to abide by and comply with the conditions of all building codes and health laws of the State of Indiana. Furthermore, understands that any variations or violations from the provisions of these laws and ordinances or conditions as stated herein shall constitute a cause for revocation of this permit. | | | | | | | | |
| |) | | | | | | | | |
| State of Indiana) SS: County of Lake) | | | Printed Name of Sub-Contractor | | | | | | |
| | | | Signature of Sub-Contractor | | | | | | |
| Seal: | | | | | | | | | |
| | | | | | | | | | |
| | | Notary Signature | | | | | | | |
| | | Resident of County of _ | | | _ State | | | | |
| | | My Commission Expires | s: | | | | | | |



Section 6: Homeowner's Affidavit (ONLY COMPLETE if the Homeowner is completing any trade work on the home) Part 1: Identification Project Address: _____ Winfield, IN 46307 Lot #____ Owner Name:_____ Mailing Address: Street Town State/Zip Code Phone #:_______E-MAIL:_____ Part 2: Affidavit The undersigned homeowner verifies: 1. The Homeowner hereby agrees to abide by and comply with the conditions of all building codes and health laws of the State of Indiana. Furthermore, understands that any variations or violations from the provisions of these laws and ordinances or conditions as stated herein shall constitute a cause for revocation of this permit. 2. The Homeowner will record the Homeowner Affidavit (this form) at the Lake County Recorder's office, at their own expense, attesting to the work that will be completed on the property, as this information will be available during any title search and shall run with the land. 3. According to Ordinance #217-A, the Homeowner cannot complete any Electrical, Plumbing, or Mechanical/HVAC work. 4. The Homeowner(s) is performing the work, personally, in the following trades: State of Indiana) SS: Printed Name of Homeowner County of Lake)) Signature of Homeowner Seal: Notary Signature_____ Resident of County of ______ State_____ My Commission Expires: